MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08400

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico County Willards Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards Md | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Lee (Last) Adkins

4. DATE OF DEATH: (Month) Aug (Day) 1st (Year) 1951

5. SEX Male MALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Oct. 1 - 189[illegible]

9. AGE last birthday 56 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone worker

10b. KIND OF BUSINESS OR INDUSTRY C & P Telephone Co

11. BIRTHPLACE (State or foreign country) Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Emory Adkins

14. MOTHER'S MAIDEN NAME Ida Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Fannie N. Adkins (Wife) Willards Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 2 min.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 44a

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arteriosclerosis

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 1 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank R. Lewis M.D. | ADDRESS Willards Md | DATE SIGNED 8-2-51.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Aug. 3-51 | NAME OF CEMETERY OR CREMATORY New Hope Cem. | LOCATION (City, town, or county) (State) Near Willards Md

DATE REC'D BY LOCAL REG. 8-3-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Hillman & Sarbaugh | ADDRESS Willards Md.

Walter R. Holloway 30578

VS. A-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1951
BUREAU V. S.

Dr. Ka. Lemmon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

084011

Reg. Dist. No. 332

2 Padmakers

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Market Street

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Armstrong

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 10-1900

9. AGE last birthday: 51-0-23 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: In Home

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Floyd

14. MOTHER'S MAIDEN NAME: Sallie Redden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-0334

17. INFORMANT AND ADDRESS: Mary Holland Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 3 days

464X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombophlebitis left Femoral vein — 5 days

1006 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY No — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1951, to 8-2, 1951, that I last saw the deceased alive on 8-2, 1951, and that death occurred at 5:27 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.A. Rademaker MD 502 No Div St Salisbury Md 8-3-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 5 51 — NAME OF CEMETERY OR CREMATORY Baptist — LOCATION (City, town, or county) Snow Hill — (State) Md

DATE REC'D BY LOCAL REG. 8-4-51 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR Allen E. Dennis — ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 9 1951
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08493

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 1 day 21 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; STREET ADDRESS (If rural, give location) N. First St.

3. NAME OF DECEASED (Type or Print): (First) SAdie (Middle) M'ARIA (Last) BAKER

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Oct. 8, 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Chincoteague Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bloxom

14. MOTHER'S MAIDEN NAME: Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS: Mrs Marvel Hudson Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) ____ — Symptoms 1 yr

93d (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1957, to 8/13, 1957, that I last saw the deceased alive on 8/12, 1957, and that death occurred at 9:15 A m, from the causes and on the date stated above.

SIGNATURE (Degree or title) David Gilmore M.D. | ADDRESS Salisbury Md | DATE SIGNED Aug. 13, 1957

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/15/57 | NAME OF CEMETERY OR CREMATORY St. Martins Cem | LOCATION (City, town, or county) (State) Bishopville Md

DATE REC'D BY LOCAL REG. 8-15-57 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR ADDRESS Irma A. Bunting Berlin Md

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AUG 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08403

CERTIFICATE OF DEATH

Reg. Dist. No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; MARYLAND; LENGTH OF STAY (in this place) 19 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 State St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; STREET ADDRESS (If rural, give location) 300 State St

3. NAME OF DECEASED (Type or Print): (First) GEORGIA (Middle) ANNA (Last) BEACH

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-15-1897

9. AGE last birthday: 54 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Delmar Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam M. Conlee

14. MOTHER'S MAIDEN NAME: Mary E. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 221-03-1138

17. INFORMANT AND ADDRESS: Jack Beach - Delmar Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage left, c hemiplegia right — 2 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, cerebral + generalized — ?

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus; Chronic glomerulonephritis with hypertension — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Aug 4, 1951, that I last saw the deceased alive on Aug 4th, 1951, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Sobler M.D. ADDRESS Delmar Del. DATE SIGNED 8-6-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-7-51 | NAME OF CEMETERY OR CREMATORY Pilot Pine Methodist | LOCATION (City, town, or county) (State) Delmar, Md

DATE REC'D BY LOCAL REG. August 7 1951 | REGISTRAR'S SIGNATURE Harry E. Hudson | 24. FUNERAL DIRECTOR H. S. Maull Co. | ADDRESS Delmar, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

084114

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 256 Marshall St

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) B. (Last) BRYSON
4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7-27-1898
9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LOCOMOTIVE WORKS
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Bryson
14. MOTHER'S MAIDEN NAME: Mary V Bruce.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 6 hrs.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — ?
83a
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1951, to 8-17, 1951, that I last saw the deceased alive on 8-17, 1951, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE: Robert Grove (Degree or title) MD ADDRESS: Peninsula Hosp. DATE SIGNED: 8-17-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Aug. 20-51 — NAME OF CEMETERY OR CREMATORY: Elkton Cem. — LOCATION (City, town, or county) (State): Elkton Maryland

DATE REC'D BY LOCAL REG. 8-17-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: H. N. Pyggin & Son — ADDRESS: Elkton

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AUG 20 1951
BUREAJ V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Poplar Hill Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) 618 Poplar Hill Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Davis

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 29-18

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Prattsville Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harrington Davis

14. MOTHER'S MAIDEN NAME: Sallie Tuttle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles H. Davis (Son) 618 Poplar Hill Ave Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 420.1 — 7 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:40a m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) ADDRESS DATE SIGNED 8/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug. 9-51 | NAME OF CEMETERY OR CREMATORY St. John's | LOCATION (City, town, or county) Prattsville | (State) Md.

DATE REC'D BY LOCAL REG. 8-9-51 | REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Hollins & C. Catonsville Md. Walter R. Hollins

ADDRESS

NOV 13 1951

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332 6

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Dorchester Wolcomo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) T (Last) DOWELL
4. DATE OF DEATH: (Month) Aug. (Day) 23, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	widowed	July 20, 1862	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Maryland	U.S.A.

13. FATHER'S NAME: Elley Trice
14. MOTHER'S MAIDEN NAME: Eliza Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Mrs. T. Lee Trice, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, General.	4
422.1 93.1	(c) Arteriosclerosis C-V-D	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pernicious Anemia.	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-1-, 1951, to 8-23, 1951, that I last saw the deceased alive on 8-23-, 1951, and that death occurred at 10:20 A m., from the causes and on the date stated above.

SIGNATURE: Robert Lore (Degree or title) MD ADDRESS: Salisbury Md DATE SIGNED: 8-23-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 24, 1951	Denton	Denton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/51	Mary Galloway	J. Dwight Moore & Son	Denton, Md

VS-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
LENGTH OF STAY (In this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print): (First) ... (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) ... (Day) ... (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 12/17/...

9. AGE last birthday: 79 yrs. | If under 1 year: Months 0 Days X | If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ...

10b. KIND OF BUSINESS OR INDUSTRY: ...

11. BIRTHPLACE (State or foreign country): ...

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ...

14. MOTHER'S MAIDEN NAME: ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	3 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 132	(b) Hypertensive Arteriosclerotic Heart Disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chole Lithiasis

19a. DATE OF OPERATION: ...

19b. MAJOR FINDINGS OF OPERATION: ...

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from 17 Jan ..., 1949, to 18 Aug ..., 1951, that I last saw the deceased alive on 9 Aug ..., 1951, and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard H. Saunders. M.D. Hantcobe Md 8/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE THEREOF ... NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. 8-20-51 | REGISTRAR'S SIGNATURE Mary M. Hardesty

24. FUNERAL DIRECTOR ... ADDRESS ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118411

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frank Force
STREET ADDRESS (If rural, give location) Hampton Ave

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) (Last) Edgecombe

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: April 28, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Penrok England.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Edgecumbe

14. MOTHER'S MAIDEN NAME: Helen Chappel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS: ALFRED E. EDGECUMBE HAMPTON HALL CRANFORD N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Fracture~~ Arteriosclerotic C.V.D. — Interval between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac Failure — Pulmonary edema — 18 hours

(c) Fracture Simple, Intertrochanteric Right femur. — 2½ days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ✓ (Specify) SUICIDE HOMICIDE INJURY

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Berlin (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) Aug. (Day) 7 (Year) 1951 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell in shower.

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 9, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE: William B. Long (Degree or title) M.D ADDRESS 504 N. Division St. Salisbury Md. DATE SIGNED 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8-12-51 — NAME OF CEMETERY OR CREMATORY Fairview Cemetery — LOCATION (City, town, or county) Westfield (State) New Jersey

DATE REC'D BY LOCAL REG. 8-10-51 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR (Signature) Anna A. Burbage — ADDRESS Berlin Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 13 1954
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. #4.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Ellis

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 26-51

9. AGE last birthday: yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): U.S. Hosp. Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elton W. Ellis

14. MOTHER'S MAIDEN NAME: Mrs. Edna J. Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Elton W. Ellis (Father) R.D. #4. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 6½ mos. — Interval between onset and death: 15 hrs.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1951, to 8/27, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE: Lloyd A. Browne (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 8/27/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug. 27-51. | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)

DATE REC'D BY LOCAL REG. 8-27-51 | REGISTRAR'S SIGNATURE Mary W. Hearn | 24. FUNERAL DIRECTOR Walter C. Holloway Inc. | ADDRESS

Item 9 FilmG135 8/15/51 ww

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08410

Reg. Dist. No. 135

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY, MD — LENGTH OF STAY (In this place) 6 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. ISABELLA ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARDELA
STREET ADDRESS (If rural, give location) MAIN ST

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) JANE (Last) EVERSMAN

4. DATE OF DEATH: (Month) AUG (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: MAY 12 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LABORER

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: JAMES EVERSMAN

14. MOTHER'S MAIDEN NAME: ELIZA ANN LLOYD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MR. WARE EVERSMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis & Hypertension

447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

17 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Aug 7, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

SIGNATURE: Fred L. Grauer (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/9/51 | NAME OF CEMETERY OR CREMATORY MARDELA CHURCH | LOCATION (City, town, or county) (State) MARDELA SPRINGS, MD

DATE REC'D BY LOCAL REG. 8-10-51 | REGISTRAR'S SIGNATURE Virginia W. Holloway | 24. FUNERAL DIRECTOR ADDRESS Paul J. Smith, Sharptown, Md

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 801. E. Church st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS 801. E. Church st. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Lillie; (Last) Gaither

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 18 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wicomico Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Ellis

14. MOTHER'S MAIDEN NAME: Cordelia A. Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Edith Fairow (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (2nd)

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83 a (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 days; unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27/51, to 8/31/51, that I last saw the deceased alive on 8/30/51, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE: Wm R Truitt MD (Degree or title) ADDRESS: Salisbury Md DATE SIGNED: 8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept. 2-51; NAME OF CEMETERY OR CREMATORY: Parsonsburg; LOCATION (City, town, or county): Parsonsburg (State): Md

DATE REC'D BY LOCAL REG. 8-31-51; REGISTRAR'S SIGNATURE: Mary M. Hathaway

24. FUNERAL DIRECTOR: Walter R. Jones & Son; ADDRESS: Salisbury, Md.

S.-475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allen; LENGTH OF STAY (In this place): All life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allen; STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): (First) Atwood (Middle) (Last) Gunther

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11-11-1914

9. AGE last birthday: 36 yrs. If under 1 year: Months 9, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction Work

11. BIRTHPLACE (State or foreign country): Allen, Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Gunther

14. MOTHER'S MAIDEN NAME: Dare Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-14-2576

17. INFORMANT AND ADDRESS: Mrs. Pauline Gunther, Allen, Md. Rt. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Pulmonary Hemorrhage — Week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Tuberculosis & Cavitation — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock — Week

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: R#2 Eden Md (CITY OR TOWN) Wicomico Md (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 19, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: G Herbert Lembly (Degree or title) MD ADDRESS: Salisbury Md DATE SIGNED: 8/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-27-1951

NAME OF CEMETERY OR CREMATORY: Allen Cemetery

LOCATION (City, town, or county) (State): Allen, Wicomico Co., Md.

DATE REC'D BY LOCAL REG.: 8-27-51

REGISTRAR'S SIGNATURE: Timothy H. Holloway

24. FUNERAL DIRECTOR: James B. Dashiell

ADDRESS: Salisbury, Md.

VS. A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Imley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Wicomico	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.	COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Hill Convalescent Home		STREET ADDRESS (If rural, give location): 217 E. Main St.	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herman	Wilma	Helm	Aug.	25-	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		June 30-1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assistant Postmaster	Postmaster	Clarksville Del.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ede H. Helm	Mary A. Jannell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Mrs. Emma H. Helm (Wife) 217 E. Main St., Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Cardiac failure	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis (arteriosclerotic) 6 months	
732 (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1951, to Aug. 25, 1951, that I last saw the deceased alive on Aug. 25, 1951, and that death occurred at 9:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Rufus G. Imley M.D.	Salisbury Md	8-27-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 29-51	Parkview Cem.	Pittsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-27-51	Maryjane Whitehead	Hall Funeral Home	Salisbury Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6414

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Hill Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) A. (Last) HOLLAND

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 26, 1871

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farming

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Holland

14. MOTHER'S MAIDEN NAME: Sally Dize

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Charles Holland, Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a) Cerebral hemorrhage — 4 days

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29 1951, to Aug. 14, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 6:20 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Thos A Smith M.D. — Salisbury Md — 8-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 17, 1951 | NAME OF CEMETERY OR CREMATORY: Rehobeth Pres. Cemetery | LOCATION (City, town, or county) (State): Rehobeth, Md.

DATE REC'D BY LOCAL REG.: 8-15-51 | REGISTRAR'S SIGNATURE: Margill Holloway | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors | ADDRESS: Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

: 5415

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — STREET ADDRESS (If rural, give location) 19 St. Louis Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	David	Hudson	August	2	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	8/31/1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fisherman	Ocean Fishing	Bishopville, Md	U.S.A.

13. FATHER'S NAME David Hudson — 14. MOTHER'S MAIDEN NAME Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No / No	216-12-1301	Mrs. Charles Hudson 19 St. Louis Ave. Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 hrs.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
8th	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/2, 1957, to 8/2, 1957, that I last saw the deceased alive on 8/2, 1957, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fred R. Browne M.D.	Salisbury Md.	8/2/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/4/57	St. Martins Funeral	Bishopville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-6-57	Mary M. McElroy	Irvine A. Purdy	Berlin Md.

9/10/26

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08416

Reg. Dist. No. 035

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 10 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norton — STREET ADDRESS (If rural, give location) Norton Manor.

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) Cockley (Last) Jackson.

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 30 1872

9. AGE last birthday: Mar 30 79 yrs. (79) — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: George Cockley

14. MOTHER'S MAIDEN NAME: Margaret Grey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to August, 1951, that I last saw the deceased alive on 8-3, 1951, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE: [illegible] — (Degree or title) MD — ADDRESS Deerhead State Hosp. — DATE SIGNED 8-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/6/1951 — NAME OF CEMETERY OR CREMATORY St Paul. Cem. — LOCATION (City, town, or county) (State) Kent Co. Maryland

DATE REC'D BY LOCAL REG. 8-4-51 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS Chestertown, Md

VS-AII

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

111
332
Reg. Dist. No. 334

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH
COUNTY Wicomico
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hale Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Kassman

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 9, 1867
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore city.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Kassman
14. MOTHER'S MAIDEN NAME: Louisa Tiemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Squamous cell Carcinoma of rt. cheek & mucus membrane — Interval between onset and death: 2 yrs 4 mos.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

191X
53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Carl C. Paar M.D. Deer's Head Hale Hosp, Salisbury Md 8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept 3-51 NAME OF CEMETERY OR CREMATORY Quarterfield Rd. Cemetery LOCATION (City, town, or county) Glen Burnie Md (State)

DATE REC'D BY LOCAL REG. 9-1-51
REGISTRAR'S SIGNATURE Mary L. Hoffman
24. FUNERAL DIRECTOR ADDRESS
Simpson Funeral Home Glen Burnie Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH: COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; LENGTH OF STAY (In this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Deaf and State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (Or rural, give location) 6118 Glenoak Ave

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) Edgar (Last) Lankford

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-3-1875

9. AGE Last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Vienna Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Albert Lankford.

14. MOTHER'S MAIDEN NAME: Sarah P Ford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Joseph E. Lankford Rad.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion. — Interval between onset and death: 15 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis. — Interval between onset and death: 2

420.1 51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — 2 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to August, 1951, that I last saw the deceased alive on 8-16-51 19....., and that death occurred at 1050P m., from the causes and on the date stated above.

SIGNATURE: Robert Lore (Degree or title) MD ADDRESS Salisbury Md. DATE SIGNED 8-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: 8/20/51

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Baltimore City Md.

DATE REC'D BY LOCAL REG. 8-17-51

REGISTRAR'S SIGNATURE: Mary W Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. George C. Hill & V... ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 607 Richwood Ave

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Elizabeth (Last) Lewis

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 6 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chas. Fuerster

14. MOTHER'S MAIDEN NAME: Lizzie V. Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elizabeth Kleem 607 Richwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Hip

903,0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 wks

CERTIFICATION APPROVED BY

Harry H. Dunbar M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7.23.51

19b. MAJOR FINDINGS OF OPERATION: Fractured Hip.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN) Ocean City (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-21-51 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell in Home.

22. I hereby certify that I attended the deceased from 8.21, 19 51, to 8.22, 19 51, that I last saw the deceased alive on 8.21, 19 51 and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE: H. H. Bull M.D. (Degree or title) ADDRESS: 147 N. Division St DATE SIGNED: 8.22.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/25/51 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): East Salisbury Md.

DATE REC'D BY LOCAL REG.: 8/24/51 — REGISTRAR'S SIGNATURE: A W Pedrick

24. FUNERAL DIRECTOR — ADDRESS: [illegible]

DT MANN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118211

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) River side Drive. (RD C-7)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ethel	May	Maddox	August	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Dec. 27-1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home wife	Home	Seaford Delaware	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Moore	Martha Whitehead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.			Herman J. Maddox (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Arteriosclerosis	
2 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Thrombosis	10 yrs
61	(c)	Diabetes mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19.., to 8/27/51, 19.., that I last saw the deceased alive on 8/27/51, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE Hiram R. Moore (Degree or title) ADDRESS DATE SIGNED 8/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 30-51	Parsons Cem.	Salisbury Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-29-51	Mary W. Holloway	Parsons & Co. / Martha R. Parsons	Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pb. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
STREET ADDRESS 304 Winder St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Maddox
4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 14 1890
9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Grocery store
11. BIRTHPLACE (State or foreign country): Salisbury Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William Maddox
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Elizabeth M. Gillis (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic coronary disease

(c)

450.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to Aug 14, 19 51, that I last saw the deceased alive on Aug 13, 19 51, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE: William D Gray (Degree or title) MD ADDRESS: Salisbury Md DATE SIGNED: 8/16/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Aug. 16 51 | NAME OF CEMETERY OR CREMATORY: Parsons Cem. | LOCATION (City, town, or county) Salis (State) Md

DATE REC'D BY LOCAL REG. 8-16-51 | REGISTRAR'S SIGNATURE: (Marion S. Murray)

24. FUNERAL DIRECTOR: Holloway & Co ADDRESS: Princess Anne Md.
Walter R. Holloway 2-8036

BUREAU V. S.

Item 18 Film 0136 10-9-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

2.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) GEORGE; (Middle) -; (Last) MANUEL

4. DATE OF DEATH: (Month) (Day) (Year) Aug 13, 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 12, 1915

9. AGE last birthday: 36 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Manuel, Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Dorothy Manuel, Stockton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: Shock — Circulatory Collapse

692.4 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last: Hemorrhage — Ruptured Aneurism

152 (c) Cellulitis, cause unknown.

INTERVAL BETWEEN ONSET AND DEATH: (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Injured ankle — week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (?) OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm; (CITY OR TOWN) Stockton, Rd; (COUNTY) Worcester; (STATE) Md

TIME OF INJURY: (Month) (Day) (Year) (Hour) Aug 6 1951 (?) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY Ooccur? Sprain in ankle sustained while at work. (?) (8-9-51 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ (Degree or Kind)*

SIGNATURE: W. E. Watson M.D. ADDRESS: Pocomoke City Md DATE SIGNED: 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug 16, 1951; NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery; LOCATION (City, town, or county) (State): Stockton, Md.

DATE REC'D BY LOCAL REG. 8-17-51; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Dennis & Watson; ADDRESS: Pocomoke, Md.

82-105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS ATS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bill Pennsylvania Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Loring Hill Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Nicol (Last) McJunkin
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 25-1902
9. AGE last birthday: 49 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Thomas Nicol
14. MOTHER'S MAIDEN NAME: Sarah Neville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years+

345X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 87d (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Kendrick McCullough M.D. — ADDRESS: Parkersburg Maryland — DATE SIGNED: Aug 30, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 8-31-51 | NAME OF CEMETERY OR CREMATORY: Emmitsburg | LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REG.: 8-31-51 | REGISTRAR'S SIGNATURE: Marjorie Holloway | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS: Towson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ella	Gertrude	Messick	August	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 27 1893	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Salisbury, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Fisher	Mattie Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. [illegible] Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Liver	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

156.1
46 F

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/22, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/21, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fred R. Graves M.D.	Salisbury, Md.	9/1/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-51	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-4-51	Mary W. Holloway	[illegible]	[illegible]

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsvill — LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pittsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location) Pittsville

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) RICHARD (Last) PARSONS
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 4 1886
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: State Roads
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Henery Parsons
14. MOTHER'S MAIDEN NAME: Lillie Dennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs W M Parsons Pittsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bi-lateral Bronchs pneumonia — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18-51, 19....., to 8-27-51, 19....., that I last saw the deceased alive on 8-27-51, 19....., and that death occurred at 6:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Evans M.D. — ADDRESS Willards Maryland. — DATE SIGNED 8-28-51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/29/51 — NAME OF CEMETERY OR CREMATORY: Pittsville Cemetery — LOCATION (City, town, or county) (State): Pittsville Maryland

DATE REC'D BY LOCAL REG. 8-29-51 — REGISTRAR'S SIGNATURE Marjorie Hollaway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Salisbury

George C. Hall II 5324

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wetlands — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wetlands — STREET ADDRESS (If rural give location) (in village)

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) Thomas (Last) Pusey

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 51

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10 Dec 1873

9. AGE last birthday: 78 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset Co. Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Levin Thomas Pusey

14. MOTHER'S MAIDEN NAME: Sarah (illegible) Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Leonard N. Pusey (Relative)

18. MEDICAL CERTIFICATION — R.D. #1. Salisbury Md.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Fractured skull — Interval between onset and death: minutes at death

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured neck

E880 (c) Fractured Rt ankle

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION: none — 21b. MAJOR FINDINGS OF OPERATION — 22. AUTOPSY? Yes ☐ No ☐

23. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING) CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): highway — (CITY OR TOWN): Wetlands — (COUNTY): Wicomico — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-12-51 12 45 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Walked in front of car at highway intersection

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J.A. Rademaker — (Degree or title): M.D. — ADDRESS: 502 No Dr St Salisbury Md — DATE SIGNED: 8/12/51

25. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Aug 14-51 — NAME OF CEMETERY OR CREMATORY: Friendship Cem — LOCATION (City, town, or county) (State): Worcester Co. Md.

DATE REC'D BY LOCAL REG: 8-14-51 — REGISTRAR'S SIGNATURE: Marjell Holloway

26. FUNERAL DIRECTOR: Walter R. Holloway — ADDRESS: Salisbury Md

BU[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) George (Middle) O (Last) Quinton
4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sharptown, Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Quinton
14. MOTHER'S MAIDEN NAME: Sarah Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Bertie J. Quinton, Mardela, Md. Route #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Bladder — 3 months

181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
52b (b) Bronchopneumonia (Terminal) — 6 days
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 7/24/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): No — (CITY OR TOWN): No — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1951, to 8/7, 1951, that I last saw the deceased alive on 8/7, 1951, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE: J. A. Rademacher — (Degree or title): MD — ADDRESS: 502 Mollie Salisbury — DATE SIGNED: 8-10-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-11-51 — NAME OF CEMETERY OR CREMATORY: Zion Cemetery — LOCATION (City, town, or county) (State): Sharptown, Wicomico Co. Md.

DATE REC'D BY LOCAL REG.: 8-10-51 — REGISTRAR'S SIGNATURE: Mary M. Holloway — 24. FUNERAL DIRECTOR: James B. Darbiell — ADDRESS: Salisbury, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 327

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110. Elizabeth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 110. Elizabeth St.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Amelia (Last) Kelly

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 51

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Mar. 25-1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Phila-Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Findley

14. MOTHER'S MAIDEN NAME: Jane Findley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: George L. Kelly (Son) 110. Elizabeth St. Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditinna contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (X), Inquiry (X) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (X), accident ( ), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE: J.O. Calhoun M.D. — (Degree or title): Deputy Medical Examiner — ADDRESS: 502 N. Division St. Salisbury, Md. — DATE SIGNED: 8/3/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Aug. 6-51 — NAME OF CEMETERY OR CREMATORY: Parsonsburg — LOCATION (City, town or county): Parsonsburg — (State): Md.

DATE REC'D BY LOCAL REG.: 8-4-51 — REGISTRAR'S SIGNATURE: Virginia W. Holloway — 24. FUNERAL DIRECTOR: H. Clyde Whitehead — ADDRESS: Salisbury Md.

H. Clyde Whitehead

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 1 mo 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Odenton

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Redmiles

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10-26-1888

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Anne Arundel County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Lemuel Redmiles Unknown Mary Shewmaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record Mrs. Lillie E. Hampton Pasadena Rt. Pleasant Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 10 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 4-5 yrs.

(c) Coronary insufficiency — 4-5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whlie at Work ☐ Not Whlie At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1951, to Aug. 30, 1951, that I last saw the deceased alive on Aug. 30, 1951, and that death occurred at 8 45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paar M.D. Deer's Head State Hosp. Salisbury Md 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Sep 3-1951 | Lincoln Md | Anne Arundel Co Md.

DATE REC'D BY LOCAL REG. 8-31-51 | REGISTRAR'S SIGNATURE Mary M. Hennessy | 24. FUNERAL DIRECTOR ADDRESS: B. F. Hopping & Son Annapolis Md

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

4311 Died 7:30 Pm

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co. STATE Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 Second St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
STREET ADDRESS (If rural, give location) 214 Second St.

3. NAME OF DECEASED (Type or Print): (First) Beaulah (Middle) E. (Last) Reid
4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 8, 1902
9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset County
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William J. Jones
14. MOTHER'S MAIDEN NAME: Emily Jones White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Cora Fowler.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Heart Disease	2 wks 3 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Hypertension	Indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Aug 17, 1951, that I last saw the deceased alive on Aug 17, 1951, and that death occurred at 730 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): S. Purnell, M.D. ADDRESS: 800 W main Salisbury DATE SIGNED: 8/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-24 1951 | NAME OF CEMETERY OR CREMATORY: Homes Quarter Cem | LOCATION (City, town, or county) (State): Homes Quarter Md
DATE REC'D BY LOCAL REG. 8-21-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR AND ADDRESS: Parker & Evans, Salisbury Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Kate — (Middle) — (Last) Richardson
4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 51

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: July 22 1873 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work | 10b. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Ellicott City Md | 12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Clark Edward Pierney | 14. MOTHER'S MAIDEN NAME: Catherine Gildie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Mrs. Dorothy Truitt (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus & gangrene of left leg. — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —
61 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — arteriosclerosis.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to day of death, 19..., that I last saw the deceased alive on 8-5-, 19 51, and that death occurred at 12-20a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank L. Leiss M.D. — Willards Maryland — 8-6-51.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Aug. 7-51 — NAME OF CEMETERY OR CREMATORY: Ever Green — LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG. 8-7-51 — REGISTRAR'S SIGNATURE: Margaret Moroney — 24. FUNERAL DIRECTOR: Pickering & Sabatino — ADDRESS: Laurel Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. — LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware. — COUNTY Sussex.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rev. (Middle) Maurice (Last) ROMANS.

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: 11-2-1880 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman — 10b. KIND OF BUSINESS OR INDUSTRY: Church — 11. BIRTHPLACE (State or foreign country): Penna — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Chester F. Romans — 14. MOTHER'S MAIDEN NAME: Anne Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Lulu M. Romans. Butler, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

332 X 94a Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 7 days (b) Symptoms 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary Artery Occlusion — Contributing

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1951, to Aug 29, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lloyd Osborne M.D. Salisbury Md. Aug 29, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-2-51 — NAME OF CEMETERY OR CREMATORY Quaker Cemetery — LOCATION (City, town, or county) (State) Downingtown-Pa

DATE REC'D BY LOCAL REG. 8-31-51 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR — ADDRESS Harvey Funeral Home Federalsburg Md.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item ■ information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. Route # 1; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland; STREET ADDRESS (If rural, give location) 5617 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Lewis (Last) Ruppert Jr.

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-21-1916

9. AGE last birthday: 35 yrs. If under 1 year: Months 4, Days, Hours, Min.; If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer farm helper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Lewis Ruppert Sr.

14. MOTHER'S MAIDEN NAME: Myrtle Eckhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Muscular Dystrophy

1350 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 19 51, to 8-21, 19 51, that I last saw the deceased alive on 8-21, 19 51 and that death occurred at 4 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS DATE SIGNED 8/26/51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial; DATE 8/24/51; NAME OF CEMETERY OR CREMATORY LORRAINE Cemetery; LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 8-22-51; REGISTRAR'S SIGNATURE Maryjane Hettinger

24. FUNERAL DIRECTOR The Hill & Johnson Co George Hill II; ADDRESS Salisbury

VS-A5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. — LENGTH OF STAY (in this place) D.O.B.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3509 Horton Ave
STREET ADDRESS (If rural, give location) Baltimore, Maryland. ✓

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Manilla (Last) Sqouilloz

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 11, 1914

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Grant Bedsworth.

14. MOTHER'S MAIDEN NAME: Isabella Frances Webster.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 201 W. Monticello Ave Mrs Ruby Richardson. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

491X Immediate cause (a) Bronchopneumonia — few days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

107 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compression of Thoracic cavity by Kyphosis — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1957, to Aug 20, 1957, that I last saw the deceased alive on Aug 20, 1957, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE: William D Grey (Degree or title): Md ADDRESS: Salisbury Md DATE SIGNED: 8/21/57

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 8-23-57 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG. 8-21-57 — REGISTRAR'S SIGNATURE: Mary M. Hearn — 24. FUNERAL DIRECTOR: Harward & Carrington — ADDRESS: Crisfield Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1843)

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford.
STREET ADDRESS (If rural, give location) NANTICOKE ACRES ANNEX

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ZEPHA (Last) Tingle

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-17-51

9. AGE last birthday: yrs. — If under 1 year: Months — Days 2 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Zepha Howard Tingle

14. MOTHER'S MAIDEN NAME: Annabelle Lee Pennel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: 2. HOWARD TINGLE - SEAFORD, DEL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid hemorrhage, — 48 hours

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

160 a (c) Brain aneurysm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17/51, 19..., to 8/19..., 19..., that I last saw the deceased alive on 8/18..., 19..., and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 21 AUG 1951 — NAME OF CEMETERY OR CREMATORY: BLADES CEMETERY — LOCATION (City, town, or county) (State): BLADES DELAWARE

DATE REC'D BY LOCAL REG. 8-22-51 — REGISTRAR'S SIGNATURE: Mary H. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Medford L. Watson Jr. SEAFORD, DEL

208171

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-13

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 Camden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 218 (If rural, give location) Newton St.

3. NAME OF DECEASED (Type or Print): (First) Virgil (Middle) Francis (Last) Toadvine
4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 18 1894
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): RD Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elijah J. Toadvine
14. MOTHER'S MAIDEN NAME: Daisy R. Shockley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Zesta J. Toadvine Wife 218 Newton St Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary occlusion	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) obesity	
	(c) Sl. arteriosclerosis	

1/26/1 94 a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5/51 19..... to 8/5/51 19....., that I last saw the deceased alive on 8/5/51 19....., and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: Alberta Mulearney Mattox (Degree or title) ADDRESS 238 Camden DATE SIGNED 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Aug 7 51 — NAME OF CEMETERY OR CREMATORY Parsons Cem — LOCATION (City, town, or county) Salisbury — (State) Md.

DATE REC'D BY LOCAL REG. 8-9-51 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Hollaway Co. — ADDRESS Salisbury Md.
Walter R Hollaway

AUG - 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wic.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD # 1.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ida	Hamilton	Townsend	Aug.	15	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH (Month) (Day) (Year)	9. AGE Last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Fem	White	Widow	Dec. 15 1881	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Domestic	Marion Md.	U.S.A.

13. FATHER'S NAME Isaac Townsend
14. MOTHER'S MAIDEN NAME Emily Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Henry H. Townsend (Son) Salisbury Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) Coronary Occlusion — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 420.0 — 932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/57, 19..., to 8/15/57, 19..., that I last saw the deceased alive on 8/15, 19..., and that death occurred at 7:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred L. Downes M.D. Salisbury, Md. 8/16/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/17/57	A. Parsons	Salisbury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-16-57	Mary D. Mooney	Parsons & Son	Salisbury, Md.
		W. Lee R. Fullen	

VS. A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RT#9

3. NAME OF DECEASED (Type or Print): (First) NAOMI (Middle) SARAH (Last) TOWNSEND

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 13, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Turner

14. MOTHER'S MAIDEN NAME: Mary Disharoom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Warden Townsend RT#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 8 wks

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

932. (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Aug. 21, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred D. Gramse M.D Salisbury, Md 8/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/24/51

NAME OF CEMETERY OR CREMATORY: Sloan Cemetery

LOCATION (City, town, or county) (State): Sloan Maryland.

DATE REC'D BY LOCAL REG. 8-22-51

REGISTRAR'S SIGNATURE: Mary A. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co

ADDRESS: Salisbury Md

George C Hill Jr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 222

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wilson (Last) White

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 25 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Parsonsburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas White

14. MOTHER'S MAIDEN NAME: Margaret Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Clara F. White (Wife)

18. MEDICAL CERTIFICATION — Parsonsburg, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Terminal — Interval Between Onset and Death: 48 hrs.

491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

73d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ref for Tumor - Myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Day of death, 1951, that I last saw the deceased alive on 8-22-51, 19.., and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Grant Lewis M.D.

ADDRESS: Wetipquin Md.

DATE SIGNED: 8-23-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Aug. 24-51 | NAME OF CEMETERY OR CREMATORY: Parsonsburg Church Cem. | LOCATION (City, town, or county): Parsonsburg | (State): Md.

DATE REC'D BY LOCAL REG. 8-24-51 | REGISTRAR'S SIGNATURE: Thomas H. Holloway

24. FUNERAL DIRECTOR: Holloway & Salisbury Walter R. Holloway | ADDRESS: Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332 Cert. No. 111

VS. A12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs - Rural
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wallertown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs - Rural
STREET ADDRESS (If rural, give location) Wallertown

3. NAME OF DECEASED (Type or Print): (First) Jobe (Middle) (Last) Williams

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 31, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning & Box Factories

11. BIRTHPLACE (State or foreign country): Portsmouth, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Williams

14. MOTHER'S MAIDEN NAME: Safronia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 227-10-6512

17. INFORMANT AND ADDRESS: Minnie C. Williams, Mardela Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 24 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
94a
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy Prostate — 3 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1951, to Aug 5, 1951, that I last saw the deceased alive on Aug 4, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.S. Cullaman M.D. ADDRESS Sharptown, Md DATE SIGNED 8/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: August 7, 1951 | NAME OF CEMETERY OR CREMATORY: Barren Creek Cemetery | LOCATION (City, town, or county) (State): Near Mardela Springs, Md.

DATE REC'D BY LOCAL REG. August 7, 1951 | REGISTRAR'S SIGNATURE M. N. [illegible] | 24. FUNERAL DIRECTOR AND ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

8-9-51

70457

RECEIVED
AUG 13 1956
BUREAU W. SS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 1000 Dixon

3. NAME OF DECEASED (Type or Print): (First) Otho (Middle) Winfred (Last) Wilson
4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27-1881
9. AGE last birthday: 70-7-4 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman Boston Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Snow Hill Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Stephen D. Wilson
14. MOTHER'S MAIDEN NAME: Cordelia Catlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Edna L Wilson, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Artery Occlusion — 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

94a (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1951 to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: G. David Elmore (Degree or title) M D — ADDRESS: Salisbury Md. — DATE SIGNED: Aug 31 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 2, 1951 | NAME OF CEMETERY OR CREMATORY: Whatcoat Methodist | LOCATION (City, town, or county) (State): Snow Hill Md

DATE REC'D BY LOCAL REG.: 8-31-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Clay E. Dennis | ADDRESS: Snow Hill Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08442

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wilhelmina (Middle) D. (Last) Wilson

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Jan. 16, 1891 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months 7 Days 4 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tyaskin, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Dashield
14. MOTHER'S MAIDEN NAME: Charlotte Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Ruth Conway, Nanticoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	1 hours.
420.0 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Desease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1947, to 20 Aug, 1951, that I last saw the deceased alive on 20 Aug, 1951, and that death occurred at 3 20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Leland H. Saunders M.D. Nanticoke Md. 8/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/22/51 | NAME OF CEMETERY OR CREMATORY: Tyaskin Cemetery | LOCATION (City, town, or county) (State): Tyaskin Md.

DATE REC'D BY LOCAL REG. 8-20-51 | REGISTRAR'S SIGNATURE: Maryell Holloway | 24. FUNERAL DIRECTOR — ADDRESS: C. T. Merrick Bivalve, Md.

RECEIVED
AUG 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08443

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron | LENGTH OF STAY (In this place) 35 yrs 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) ASHBY (Middle) PRESTON (Last) WOOLFORD

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 11, 1895

9. AGE last birthday: 55 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Woolford

14. MOTHER'S MAIDEN NAME: Martha E. Goslee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 716-01-6628

17. INFORMANT AND ADDRESS: Mrs Ashby P. Woolford.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Hypertension — Interval Between Onset and Death: 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

445X
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis general.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 48, to Aug 15, 19 51, that I last saw the deceased alive on Aug 15th, 19 51, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Sokler, M.D. ADDRESS Delmar, Del. DATE SIGNED Aug 16, 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8/18/51 | NAME OF CEMETERY OR CREMATORY Hebron Cemetery | LOCATION (City, town, or county) (State) Hebron Maryland

DATE REC'D BY LOCAL REG. 8-17-51 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR The Hill & Johnson Co | ADDRESS Salisbury

690506

RECEIVED
AUG 21 1951
BUREAU V. S.